<b>*</b> °≥ <b>\$</b> ≥ *	OF	PART B - FEE(S) TRANSMITTAL		
Complete and send this of	on, together ways	PART B - FEE(S) TRA applicable fec(s), to: Mail	Mail Stop I	

p issue fee sioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

INSTRUCTIONS: This form shows be used for committing the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence address as appropriate. All further correspondence address as indicated unless corrected below or one architecture. Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance for patients. maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Black I for any change of address)

7590

U9/28/2004

LAW OFFICES OF ALBERT S. MICHALIK, PLLC 704 - 228TH AVENUE NE **SUITE 193** SAMMAMISH, WA 98074

12/23/2004 SFELEKE2 00000188 501618 09361641

01 FC:1501

1400.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)	Michalik	Albert S.
(Signature)	Miletil	allrest L
(Date)	14. 2004	December
COMPRISATION NO		

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/361,641	07/26/1999	LUIS FELIPE CABRERA	2130	5763

TITLE OF INVENTION: EXTENSIBLE SYSTEM RECOVERY ARCHITECTURE

APPLN TYPE	SMALL ENTITY	ISSUE FEE	.	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	МО	\$ <del>1330 -</del>	1400	\$0	٥٥/١/ منتبع	12/28/2004
ENAM	INER	ART UNIT		CLASS-SUBCLASS	]	
LE, DIEC	J MINH T	2114		714-015000		
. Change of correspondence address or indication of "Fee Address" (37 EFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		(1) the sa or agents (2) the na registered 2 register listed, no	nting on the patent front page, is ames of up to 3 registered pate OR, alternatively, ame of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If name will be printed.	a member a 2 Misch	Offices of rt S. alik, PLLC	
B. ASSIGNEE NAME AND	RESIDENCE DATA TO	E PRINTED ON T	HE PATEN	T (print or type)	nee is identified below the	document has been filed for
recordation as set forth i	s an assignee is identified to n 37 CFR 3.11. Completion	of this form is NOT	a substitute	pear on the patent. If an assign for filing an assignment.	15 total 15	
(A) NAME OF ASSIGN	IEE	(B)	RESIDEN	CE: (CITY and STATE OR CO	UNTRY)	
MICROS	OFT CORPORAT	CION	F	Redmond, WA		
Please check the appropriat	e assignee category or categ	ories (will not be pri	nted on the	patent): 🗖 Individual 💢 (	Corporation or other private	group entity Government
4a. The following fee(s) are		45.	Payment o	(Fee(s):		
S Issue Fee				c in the amount of the fee(s) is e		
•	small entity discount permit			at by credit card. Form PTO-203		encies men
Advance Order - # o	of Copies		LOANTHE DI Deposit Ac	rector is hereby authorized by ecount Number 50 - 1618	charge the required ree(s);  [enclose an extra	a copy of this form).
a. Applicant claims	s (from status indicated above  SMALL ENTITY status. See  D is requested to apply the la  publication Fee (if required)  cords of the United States Pa	v) :37 CFR 1.27.	D b. Appl	icant is no longer claiming SMA any) or to re-apply any previous ne other than the applicant; a re	ALL ENTITY status. See 3	7 CFR 1.27(g)(2).
Authorized Signature	allest S 1	Willall		Date	December 1	4, 2004
Typed or printed name.	Albert S. N	Michalik		Registratio	n No. 37,395	
This collection of informat	ion is required by 37 CFR 1.	311. The informatio	n is required 14. This condepending Chief Info	d to obtain or retain a benefit by offection is estimated to take 1 upon the individual case. Any rmation Officer, U.S. Patent and FORMS TO THIS ADDRE	the public which is to file minutes to complete, inch comments on the amount of d Trademark Office, U.S. I SS. SEND TO: Commission	(and by the USPTO to process) ding gathering, preparing, and f time you require to complete Department of Commerce, P.O. ner for Patents, P.O. Box 1450,

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.